Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF OHIO	-	
Case number (if known)	_ Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your	Natalie First name G. Middle name Adams	First name Middle name
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6503	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	6900 Buck Horn Blvd.	If Debtor 2 lives at a different address:
		Lorain, OH 44053 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Lorain County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Deb	otor 1 Natalie G. Adams			Case number (if kr	own)
Par	t 2: Tell the Court About	Your Bankruptcy C	case		
7.	The chapter of the Bankruptcy Code you are		brief description of each, see Notice Reco, go to the top of page 1 and check the a		for Individuals Filing for Bankruptcy
	choosing to file under	Chapter 7			
		☐ Chapter 11			
		☐ Chapter 12			
		☐ Chapter 13			
8.	How you will pay the fee	about how you order. If your a pre-printed I need to pa	ne entire fee when I file my petition. Ple you may pay. Typically, if you are paying ir attorney is submitting your payment on d address. ay the fee in installments. If you choose fee in Installments (Official Form 103A).	the fee yourself, you may pa your behalf, your attorney n	ay with cash, cashier's check, or money nay pay with a credit card or check with
		I request the but is not recapplies to yo	nat my fee be waived (You may request quired to, waive your fee, and may do so our family size and you are unable to pay ion to Have the Chapter 7 Filing Fee Wal	only if your income is less to the fee in installments). If y	han 150% of the official poverty line that ou choose this option, you must fill out
9.	Have you filed for	■ No.			
	bankruptcy within the last 8 years?	☐ Yes.			
		District	When	Cas	e number
		District	When	Cas	se number
		District	When	Cas	e number
10.	Are any bankruptcy	■ No			
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.			
		Debtor		Rela	tionship to you
		District	When	Case	number, if known
		Debtor			tionship to you
		District	When	Case	number, if known
11.	Do you rent your	■ No. Go to	line 12.		
	residence?	□ ves Has vo	our landlord obtained an eviction judgme	ent against vou?	

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Deb	tor 1 Natalie G. Adams		Case number (if known)			
						
ar	Report About Any Bu	sinesses	You Own as a Sole Proprietor			
2.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.			
		☐ Yes.	Name and location of business			
	A sole proprietorship is a					
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code			
	it to this petition.		Check the appropriate box to describe your business:			
			☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))			
			Stockbroker (as defined in 11 U.S.C. § 101(53A))			
			☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))			
			☐ None of the above			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	deadline operation	e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of his, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure s.C. 1116(1)(B).			
	For a definition of small	■ No.	I am not filing under Chapter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.			
		☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
	D 4444 0					
	·		/ Hazardous Property or Any Property That Needs Immediate Attention			
4.	Do you own or have any property that poses or is	No.				
property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		☐ Yes.	What is the hazard?			
			If immediate attention is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?			
			Number, Street, City, State & Zip Code			
_						

Debtor 1 Natalie G. Adams

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

Deb	tor 1 Natalie G. Adams			Case number (if	known)
Par	6: Answer These Questi	ons for Re	porting Purposes		
16.	What kind of debts do you have?	16a.	<u> </u>		l in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		ss debts? Business debts are debts tha nt or through the operation of the busines	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you owe th	at are not consumer debts or business d	ebts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.	
	Do you estimate that after any exempt property is excluded and	Yes.	are paid that funds will be available	u estimate that after any exempt property e to distribute to unsecured creditors?	is excluded and administrative expenses
	administrative expenses are paid that funds will		No		
	be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
19.	How much do you estimate your assets to be worth?	\$100,0	0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you estimate your liabilities to be?	= \$100,0	0,000 01 - \$100,000 01 - \$500,000 01 - \$1 million	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
Par	7: Sign Below				
For	you	I have exa	amined this petition, and I declare u	under penalty of perjury that the informati	on provided is true and correct.
				n aware that I may proceed, if eligible, unavailable under each chapter, and I choos	
				y or agree to pay someone who is not ar ice required by 11 U.S.C. § 342(b).	n attorney to help me fill out this
		I request i	elief in accordance with the chapte	er of title 11, United States Code, specific	ed in this petition.
		bankrupto and 3571.	y case can result in fines up to \$25	realing property, or obtaining money or property, or obtaining money or property, or imprisonment for up to 20 year	roperty by fraud in connection with a rs, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Natalie (G. Adams of Debtor 1	Signature of Debtor 2	
		Executed	October 3, 2018 MM / DD / YYYY	Executed on MM / D	DD / YYYY

Debtor 1 Natalie G. Adams Case number (if known)
--

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Scott W. Paris	Date	October 3, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Scott W. Paris 0076595		
Printed name		
Paris Law, LLC		
Firm name		
39037 Center Ridge Road		
North Ridgeville, OH 44039		
Number, Street, City, State & ZIP Code		
Contact phone (440) 252-4025	Email address	sparis@parislawohio.com
0076595 OH		
Bar number & State		

Fill i	n this informa	tion to identify your	case:			
Debt		Natalie G. Adams				
		First Name	Middle Name	Last Name		
Debt (Spous	or 2 se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bank	ruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
Case	e number					
(if kno					_	c if this is an
					amen	ded filing
Off:	icial Earr	n 106Sum				
			and Liabilities ar	nd Certain Statistical Information		12/15
Be as	complete and mation. Fill ou original forms	d accurate as possib t all of your schedule	le. If two married people es first; then complete the	e are filing together, both are equally responsible ne information on this form. If you are filing amer k the box at the top of this page.	for supplyir	
i ait	Junina	ize Tour Assets			Your a	ssets of what you own
1.	Schedule A/B 1a. Copy line s	: Property (Official Fo	orm 106A/B) om Schedule A/B		\$	240,000.00
	1b. Copy line 6	62, Total personal prop	perty, from Schedule A/B.		\$	62,344.28
	1c. Copy line 6	63, Total of all property	on Schedule A/B		\$	302,344.28
Part	2: Summar	ize Your Liabilities				
						abilities t you owe
			aims Secured by Property nn A, Amount of claim, at	(Official Form 106D) the bottom of the last page of Part 1 of Schedule D	. \$	249,644.00
			Unsecured Claims (Official (priority unsecured claim	al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the	total claims from Part 2	2 (nonpriority unsecured c	claims) from line 6j of Schedule E/F	\$	56,141.00
				Your total liabilitie	s \$	305,785.00
Part	3: Summar	ize Your Income and	Expenses			
		our Income (Official Fo		÷ I	\$	4,776.58
		our Expenses (Official nthly expenses from li	,		\$	4,718.00
Part	4: Answer	These Questions for	Administrative and Stat	istical Records		
		• •	er Chapters 7, 11, or 13? on this part of the form. C	heck this box and submit this form to the court with y	our other scl	nedules.
7.	■ Yes What kind of	debt do you have?				
				debts are those "incurred by an individual primarily for grant of the statistical purposes. 28 U.S.C. § 159.	or a personal	family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

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8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,619.31

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Debtor 1 Natalie G. Adams First Name Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: NO Case number Official Form 106A/B Schedule A/B: Proper In each category, separately list and describe iter think it fits best. Be as complete and accurate as information. If more space is needed, attach a sep Answer every question.	"ty ms. List an asse s possible. If two	t only once. If an asset fits in more than one	category, list the asset in the	☐ Check if this is an amended filing
Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: NO Case number Official Form 106A/B Schedule A/B: Proper In each category, separately list and describe iter think it fits best. Be as complete and accurate as information. If more space is needed, attach a sep	Middle Name ORTHERN DIST Tty ms. List an asses possible. If two	Last Name TRICT OF OHIO t only once. If an asset fits in more than one married people are filing together, both are	category, list the asset in the	amended filing
(Spouse, if filing) First Name United States Bankruptcy Court for the: NO Case number Official Form 106A/B Schedule A/B: Proper In each category, separately list and describe iter think it fits best. Be as complete and accurate as information. If more space is needed, attach a separately list and describe iter think it fits best. Be as complete and accurate as information. If more space is needed, attach a separately list and describe iter think it fits best. Be as complete and accurate as information. If more space is needed, attach a separately list and describe iter think it fits best. Be as complete and accurate as information.	Tty ms. List an asses possible. If two	TRICT OF OHIO t only once. If an asset fits in more than one of married people are filing together, both are	category, list the asset in the	amended filing
Official Form 106A/B Schedule A/B: Proper In each category, separately list and describe iter think it fits best. Be as complete and accurate as information. If more space is needed, attach a separately list and describe iter think it fits best. Be as complete and accurate as information. If more space is needed, attach a separately list and describe iterately.	"ty ms. List an asse s possible. If two	t only once. If an asset fits in more than one	category, list the asset in the	amended filing
Official Form 106A/B Schedule A/B: Proper In each category, separately list and describe iten think it fits best. Be as complete and accurate as information. If more space is needed, attach a separately	ms. List an asse s possible. If two	married people are filing together, both are	category, list the asset in the	amended filing
Schedule A/B: Proper In each category, separately list and describe iter think it fits best. Be as complete and accurate as information. If more space is needed, attach a sep	ms. List an asse s possible. If two	married people are filing together, both are	e category, list the asset in the	12/15
Schedule A/B: Proper In each category, separately list and describe iter think it fits best. Be as complete and accurate as information. If more space is needed, attach a sep	ms. List an asse s possible. If two	married people are filing together, both are	e category, list the asset in the	12/15
In each category, separately list and describe iter think it fits best. Be as complete and accurate as information. If more space is needed, attach a se	ms. List an asse s possible. If two	married people are filing together, both are	category, list the asset in the	12/15
think it fits best. Be as complete and accurate as information. If more space is needed, attach a set	s possible. If two	married people are filing together, both are	category, list the asset in the	
Part 1: Describe Each Residence, Building, Lan	nd, or Other Rea			plying correct
Do you own or have any legal or equitable inte	erest in any resi	dence, building, land, or similar property?		
☐ No. Go to Part 2.				
Yes. Where is the property?				
1.1 6900 Buck Horn Blvd.	Wha	t is the property? Check all that apply Single-family home	Do not deduct secured clair	ms or exemptions. Put
Street address, if available, or other description		Duplex or multi-unit building Condominium or cooperative	the amount of any secured Creditors Who Have Claims	claims on Schedule D:
Lorain OH 44053-0	0000 ┌		Current value of the	Current value of the
City State ZIP Co		Investment property	entire property? \$240,000.00	portion you own? \$240,000.00
			Describe the nature of yo	ur ownership interest
		has an interest in the property? Check one	(such as fee simple, tenar a life estate), if known. Survivorship	ncy by the entireties, or
Lorain		Debtor 1 only Debtor 2 only	Outvivorship	
County			— Check if this is some	
		At least one of the debtors and another	Check if this is comm (see instructions)	iunity property
		er information you wish to add about this ite perty identification number:	m, such as local	
	prop	retty identification number.		
2. Add the dollar value of the portion you				\$240,000.00
pages you have attached for Part 1. Wr Part 2: Describe Your Vehicles	rite that numb	er here		Ψ2-10,000.00
Do you own, lease, or have legal or equitab				nicles you own that
someone else drives. If you lease a vehicle, als 3. Cars, vans, trucks, tractors, sport utility	·	·	глриви цваѕвѕ.	
■ No.	•			
■ No □ Yes				

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1	Natalie G. Adams Case nu	umber (if known)	
	craft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accodes: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle access		
■ No			
☐ Yes			
	the dollar value of the portion you own for all of your entries from Part 2, including any ent s you have attached for Part 2. Write that number here		\$0.00
Part 3:	Describe Your Personal and Household Items		
·	own or have any legal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	ehold goods and furnishings nples: Major appliances, furniture, linens, china, kitchenware		
■ Ye	s. Describe		
	Household Goods and Furnishings		\$2,000.00
7. Electi Exan	nples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, so including cell phones, cameras, media players, games	anners; music co	ollections; electronic devices
_	s. Describe		
	Electronics		\$4,000.00
Exan	ctibles of value nples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objective other collections, memorabilia, collectibles s. Describe	cts; stamp, coin,	or baseball card collections;
. Fauir	ment for sports and hobbies		
Exan	nples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf club- musical instruments	s, skis; canoes a	and kayaks; carpentry tools;
■ No	s. Describe		
10. Fire a			
	mples: Pistols, rifles, shotguns, ammunition, and related equipment		
■ No	s. Describe		
11. Clot <i>Exa</i> □ No	mples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
■ Ye	s. Describe		
	Clothing		\$300.00
12. Jew	elry		
	mples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, w	atches, gems, g	old, silver

Yes. Describe.....

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1	Natalie G. A	dams	Case number (if known)	
		Wedding Band		\$500.00
		Costume Jewelry		\$500.00
Exam	arm animals nples: Dogs, cats, . Describe	birds, horses		
		Dog Family Pet		\$0.00
■ No	other personal an		not already list, including any health aids you did not list	
		•	Part 3, including any entries for pages you have attached	\$6,800.00
Part 4: D	escribe Your Finan	cial Assets		
		egal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
17. Depos Exam	sits of money nples: Checking, s		ounts; certificates of deposit; shares in credit unions, brokerage s with the same institution, list each. Institution name:	houses, and other similar
		17.1. Checking	Key Bank	\$28.30
Exam ■ No		or publicly traded stocks	okerage firms, money market accounts name:	
joint	oublicly traded st venture	ock and interests in incorp	orated and unincorporated businesses, including an interes	t in an LLC, partnership, and
■ No □ Yes	. Give specific inf	ormation about themName of entity:	 % of ownership:	
Nego Non-i ■ No	tiable instruments negotiable instrum	include personal checks, cas	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
	ement or pension apples: Interests in I	accounts	403(b), thrift savings accounts, or other pension or profit-sharing	plans
	. List each accour	nt separately.	Schedule A/B: Property	page 3

Best Case Bankruptcy

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Debtor 1	Natalie G. Adams		Case number (if know	vn)
	Type of accou	Institution name:		
	403(b)	403(b) through	Employer	\$54,440.98
Your s		ave made so that you may continue so repaid rent, public utilities (electric, ga		panies, or others
■ No □ Yes.		Institution name or	rindividual:	
23. Annuit ■ No	ties (A contract for a periodic payn	nent of money to you, either for life or	for a number of years)	
☐ Yes	lssuer name and d	escription.		
26 U.S.	ts in an education IRA, in an acc C. §§ 530(b)(1), 529A(b), and 529	count in a qualified ABLE program, (b)(1).	or under a qualified state tuition	program.
■ No □ Yes	Institution name an	d description. Separately file the record	rds of any interests.11 U.S.C. § 521	(c):
25. Trusts ■ No	, equitable or future interests in	property (other than anything listed	d in line 1), and rights or powers o	exercisable for your benefit
☐ Yes.	Give specific information about the	nem		
Exam		e secrets, and other intellectual properties, proceeds from royalties and licer		
■ No □ Yes.	Give specific information about the	nem		
	ses, franchises, and other generables: Building permits, exclusive lid	al intangibles censes, cooperative association holding	ngs, liquor licenses, professional lice	enses
☐ Yes.	Give specific information about the	nem		
Money or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax re f	funds owed to you			
_	Give specific information about th	em, including whether you already file	d the returns and the tax years	
		Anticipate Tax Refund	Federal and S	State \$1,000.00
■ No		ry, spousal support, child support, mai	ntenance, divorce settlement, prope	erty settlement
	amounts someone owes you ples: Unpaid wages, disability insu benefits; unpaid loans you m	rance payments, disability benefits, si ade to someone else	ck pay, vacation pay, workers' com	pensation, Social Security
■ No □ Yes.	Give specific information			
_Exam _l	sts in insurance policies ples: Health, disability, or life insur	ance; health savings account (HSA); o	credit, homeowner's, or renter's insu	ırance
□ No ■ Yes.	Name the insurance company of		Ponofician <i>y</i>	Surrender or refund
Official For	Company n m 106A/B	ame: Schedule A/B: Property	Beneficiary: /	Surrender or refund page 4
Software Copyr	right (c) 1996-2018 Best Case, LLC - www.be	stcase.com		Best Case Bankruptcy

Debtor 1	Natalie G. Adams	Case number (if known)	
			value:
	Term Life through Employer	Spouse and Children	\$0.00
	Whole Life through American Family	Spouse and Children	\$75.00
	Term Life through American Family	Spouse and Children	\$0.00
If yo som	interest in property that is due you from someone who has died u are the beneficiary of a living trust, expect proceeds from a life insurance preone has died. s. Give specific information	olicy, or are currently entitled to rec	eive property because
Exa No	ns against third parties, whether or not you have filed a lawsuit or made imples: Accidents, employment disputes, insurance claims, or rights to sue s. Describe each claim	e a demand for payment	
	Lawsuit against Legacy Pools, LTD)	Unknown
■ No □ Ye	inancial assets you did not already list S. Give specific information If the dollar value of all of your entries from Part 4, including any entries Part 4. Write that number here	for pages you have attached	\$55,544.28
Part 5:	Describe Any Business-Related Property You Own or Have an Interest In. List any	real estate in Part 1.	
■ No.	u own or have any legal or equitable interest in any business-related property? Go to Part 6. Go to line 38.		
	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have a f you own or have an interest in farmland, list it in Part 1.	an Interest In.	
	ou own or have any legal or equitable interest in any farm- or commerci o. Go to Part 7. es. Go to line 47.	al fishing-related property?	
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List A	Above	
	bu have other property of any kind you did not already list? mples: Season tickets, country club membership		
	s. Give specific information		
54. Ad	I the dollar value of all of your entries from Part 7. Write that number he	re	\$0.00

\$0.00

Official Form 106A/B

Schedule A/B: Property

page 5

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Deb	ntor 1 Natalie G. Adams			Case number (if known)	
Part	8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$240,000.00
56.	Part 2: Total vehicles, line 5		\$0.00		_
57.	Part 3: Total personal and household items, line 15		\$6,800.00		
58.	Part 4: Total financial assets, line 36		\$55,544.28		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61		\$62,344.28	Copy personal property total	\$62,344.28
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$302,344.28

Official Form 106A/B Schedule A/B: Property page 6 Best Case Bankruptcy



WARRANTY DEED By A Corporation

Transportances Cho 44131 3

KNOW ALL MEN BY THESE PRESENTS; That NVR, Inc., a Virginia corporation, dba Ryan Homes, the grantor, a corporation organized and existing under the laws of the State of Virginia for Ten Dollars (\$10.00) and other good and valuable consideration paid, grants with general warranty covenants, to Michael A. Adams and Natalie G. Adams, for their joint lives, remainder to the survivor of them, the following Real Property:

Situated in the City of Lorain, County of Lorain and State of Ohio: and known as being Sublot No. 20 in Deerfield Estates Subdivision No. 1 as recorded in Plat Volume 84, Page 60 through 62 of Lorain County, Ohio Records, be the same more or less, but subject to all legal highways.

Parcel No. 05-00-001-000-100

Known as: 6900 Buck Horn Blvd., Lorain, OH 44053

Tax Mailing Address: Michael Adams and Natalie Adams

6900 Buck Horn Blvd. Lorain, OH 44053 Doc ID: 010417930002 Type: 0FF Kind: DEEDS Recorded: 07/09/2007 at 12:48:40 PF Fee Amt: \$28.00 Page 1 91/2 Lorain County, 0710 Judith 1 Townick County Recorder File 2007 20212359

Subject to conditions, restrictions and easements, if any contained in prior instruments of record.

Except taxes and assessments, if any, now a lien and thereafter due and payable.

Prior Instrument Reference: 2007-0197981 of the Deed Records of Lorain County, OH.

IRANSFERRED
IN COMPLIANCE WITH SEC. 319-202
OHIO REV. CODE
JUL 0 2007
MARK R. STEWARI
LORAIN COUNTY AUGUS

1007 JUL -9 P 12: 24

Signed and acknowledged be corporation, dba Ryan Home of Directors, this	y Michael Gould, Vice President of NVR, Inc es, the granter, thereunto duly authorized by re day of, 2007.	esolution of its Board
	NVR. Inc., a Virginia corporation, dba	a Ryan Homes
	By: Michael Qould, Vic	e President
State of Ohio, Cuyahoga County, SS:		
BE IT REMEMBER before me, the subscriber, a Michael Gould, Vice Preside Grantor in the foregoing dee	RED. That on this day of Motary Public in and for said county and state ent, of NVR, Inc., a Virginia corporation, do d. and acknowledged the signing thereof to be to authority of its Board of Directors, and his er.	. personally came ha Ryan Homes, the the free act and deed
IN TESTIMONY W official seal on the day and y	HEREOF, I have hereunto subscribed my har rear last aforesaid.	ne and affixed my
MICHELLE Notory Public, My Commission Recorded in Cuy	State of Ohio Notary	Holls Public
This instrument prepared by GEORGE L HENRY ESQ 555 S. Front Street, Suite 40 Columbus, OH 43215	7 44035	

Fill in this information to identify your case:							
Debtor 1	Natalie G. Adams	•					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF OHIO				
Case number(if known)				☐ Check if this is an amended filing			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are	vou claiming?	? Check one only	. even if v	our spouse is filing	a with v	vou.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	e Amount of the exemption you claim		Specific laws that allow exemption	
	Copy the value from Check only one box for each exemption. Schedule A/B				
6900 Buck Horn Blvd. Lorain, OH 44053 Lorain County	\$240,000.00		\$33,227.00	Ohio Rev. Code Ann. § 2329.66(A)(1)	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(1)	
Household Goods and Furnishings Line from Schedule A/B: 6.1	\$2,000.00		\$2,000.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Elle Holli Schedule AVB. 4.1			100% of fair market value, up to any applicable statutory limit	2020.00(1.)(-)(u)	
Electronics Line from Schedule A/B: 7.1	\$4,000.00		\$4,000.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line from Schedule AVD. 1.1			100% of fair market value, up to any applicable statutory limit	2020.00(~)(+)(a)	
Clothing Line from Schedule A/B: 11.1	\$300.00		\$300.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line IIIIII Schedule PAB. 11.1			100% of fair market value, up to any applicable statutory limit	2323.00(A)(4)(a)	
Wedding Band Costume Jewelry	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	
Line from Schedule A/B: 12.1			100% of fair market value, up to	2020.00(7)(4)(0)	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Deb	btor 1 Natalie G. Adams		Case number (if known)					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Check only one box for each exemption. Schedule A/B						
	Checking: Key Bank Line from Schedule A/B: 17.1	\$28.30		\$28.30	Ohio Rev. Code Ann. § 2329.66(A)(3)			
				100% of fair market value, up to any applicable statutory limit				
	403(b): 403(b) through Employer Line from Schedule A/B: 21.1	\$54,440.98		\$54,440.98	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)			
	Ellie Holli Genedale 7/2. 2111			100% of fair market value, up to any applicable statutory limit	2020.00(~)(10)(0)			
	Federal and State: Anticipate Tax	\$1,000.00		\$1,000.00	Ohio Rev. Code Ann. § 2329.66(A)(18)			
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	2020105(11)(10)			
	Whole Life through American Family Beneficiary: Spouse and Children	\$75.00		\$75.00	Ohio Rev. Code Ann. § 2329.66(A)(18)			
	Line from Schedule A/B: 31.2			100% of fair market value, up to any applicable statutory limit	2020.00(A)(10)			
3.	Are you claiming a homestead exemption o (Subject to adjustment on 4/01/19 and every 3 ■ No			led on or after the date of adjustme	nt.)			
	Yes. Did you acquire the property covered No	d by the exemption wi	thin 1	,215 days before you filed this case	?			
	☐ Yes							

Fill in this information	to identify you	r case:				
	talie G. Adam	Middle Name Last N	amo			
Debtor 2	INdille	Wildle Name Last N	anie			
(Spouse if, filing) First	Name	Middle Name Last N	ame			
United States Bankrupto	cy Court for the:	NORTHERN DISTRICT OF OHIO				
Case number						
(if known)					☐ Che	ck if this is an
					ame	nded filing
Official Form 10	6D					
		Who Have Claims Sec	ured	hy Propert	V	12/15
		f two married people are filing together, both out, number the entries, and attach it to this t				
1. Do any creditors have c	laims secured by	your property?				
☐ No. Check this b	ox and submit th	nis form to the court with your other sched	ules. You	u have nothing else t	o report on this form.	
Yes. Fill in all of	the information I	pelow.				
Part 1: List All Secu	red Claims					
2. List all secured claims	. If a creditor has r	nore than one secured claim, list the creditor se	parately	Column A	Column B	Column C
		a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.		Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
		_		value of collateral.	claim	if any
2.1 Keybank NA Creditor's Name		Describe the property that secures the clair Inground Pool	n: 	\$42,871.00	\$25,000.00	\$17,871.00
4040 T		As of the date you file, the claim is: Check al	that			
4910 Tiedeman Cleveland, OH		apply.	trict			
Number, Street, City, St		☐ Contingent ☐ Unliquidated				
Number, Street, Sity, St	ate a zip code	☐ Disputed				
Who owes the debt? Ch	eck one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mortgag	e or secu	red		
☐ Debtor 2 only		car loan)	P. A			
Debtor 1 and Debtor 2	•	☐ Statutory lien (such as tax lien, mechanic's ☐ Judgment lien from a lawsuit	lien)			
At least one of the debt Check if this claim rel		☐ Other (including a right to offset)				
community debt	uics to a	— Unler (including a right to onset)				
Date debt was incurred		Last 4 digits of account number	1029			
2.2 Mr. Cooper		Describe the property that secures the clair	n:	\$206,773.00	\$240,000.00	\$0.00
Creditor's Name		6900 Buck Horn Blvd. Lorain, OH				
		44053 Lorain County				
14523 SW Millil Suite 200	kan Way	As of the date you file, the claim is: Check al	that			
Beaverton, OR	97005	apply. Contingent				
Number, Street, City, Str		☐ Unliquidated				
		Disputed				
Who owes the debt? Ch	eck one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only		 An agreement you made (such as mortgag car loan) 	e or secu	red		
Debtor 1 and Debtor 2 of	onlv	Statutory lien (such as tax lien, mechanic's	lien)			
At least one of the debt		☐ Judgment lien from a lawsuit				
☐ Check if this claim rel		☐ Other (including a right to offset)				
community debt		· · · · · · · · · · · · · · · · · · ·				
Date debt was incurred		Last 4 digits of account number	9206			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

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Debtor 1	Natalie G. Adams	S		Case number (if know)	
	First Name	Middle Name	Last Name		

Add the dollar value of your entries in Column A on this page. Write that number here: \$249,644.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$249,644.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in this	information to identify your c	ase:				
Debtor 1	Natalie G. Adams	Middle Name	Last Name		_	
Debtor 2	riist Name	Middle Name	Last Name			
(Spouse if, filir	ng) First Name	Middle Name	Last Name		_	
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		_	
Case numb	рег 					Check if this is an
Schedu Be as compl	Form 106E/F Ile E/F: Creditors WI ete and accurate as possible. Use ry contracts or unexpired leases t	Part 1 for creditors with PF	RIORITY claims and I			
Schedule G: Schedule D: left. Attach t name and ca	Executory Contracts and Unexpir Creditors Who Have Claims Secu he Continuation Page to this page ase number (if known). List All of Your PRIORITY Uns	ed Leases (Official Form 10 red by Property. If more spa . If you have no information	06G). Do not include ace is needed, copy	any creditors with par the Part you need, fill i	tially secured claims t out, number the en	that are listed in the boxes on the
	creditors have priority unsecured					
_ `	Go to Part 2.	ciainis against you:				
☐ Yes.						
	List All of Your NONPRIORITY	Unsecured Claims				
	creditors have nonpriority unsecu					
_ `	You have nothing to report in this pa		urt with your other sch	odulos		
Yes.	9	rt. Submit this form to the coo	int with your other some	ruules.		
unsecur	of your nonpriority unsecured clair red claim, list the creditor separately e creditor holds a particular claim, lis	for each claim. For each clair	n listed, identify what t	ype of claim it is. Do no	t list claims already ind	cluded in Part 1. If more
						Total claim
4.1 Ba	arclays Bank Delaware	Last 4 digits	of account number	0169		\$8,513.00
12	npriority Creditor's Name 5 S West Street ilmington, DE 19801	When was th	e debt incurred?			
Nu	mber Street City State Zlp Code no incurred the debt? Check one.	As of the dat	e you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingen	t			
	Debtor 2 only	☐ Unliquidat				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and anot	her Type of NON	PRIORITY unsecure	d claim:		
	Check if this claim is for a comm	П о	ans			
del			s arising out of a sepa	ration agreement or div	orce that you did not	
	No	☐ Debts to p	ension or profit-sharin	g plans, and other simil	ar debts	
	Yes	Other. Spe	ecify Credit Card	I		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 4

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48892

Debtor	1 Natalie G. Adams	Case number (if know)	
4.2	Citicards CBNA	Last 4 digits of account number 2418	\$18,019.00
	Nonpriority Creditor's Name PO Box 6241	When was the debt incurred?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Sioux Falls, SD 57117		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	☐ Yes	Other. Specify Credit Card	
4.3	Enerbank USA Nonpriority Creditor's Name	Last 4 digits of account number 5005	\$8,613.00
	1245 E Brickyard Road	When was the debt incurred?	
	Ste 600		
	Salt Lake City, UT 84106 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<u>_</u>	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Unsecured Loan	
4.4	Karbank NA	Last 4 digits of account number 0101	\$9,582.00
7.7	Keybank NA Nonpriority Creditor's Name	Last 4 digits of account number	φ3,302.00
	4910 Tiedeman Road	When was the debt incurred?	
	Cleveland, OH 44144		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
		Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
		·	
	☐ Yes	■ Other. Specify Credit	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 4

Debtor 1	Natalie G	. Adams		Case r	number (i	f know)	
		artment Store	Last 4 digits of account number	9305	1	_	\$315.00
	PO Box 311	5	When was the debt incurred?				_
	Milwaukee, Number Street	City State Zlp Code	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:				
		the debt? Check one.	,			PP-)	
	Debtor 1 on	ly	☐ Contingent				
	Debtor 2 on	ly	☐ Unliquidated				
	Debtor 1 and	d Debtor 2 only	☐ Disputed				
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
		s claim is for a community					
	debt Is the claim su	bject to offset?		aration aç	greement o	or divorce that you did not	
	No		Debts to pension or profit-sharing	ng plans,	and other	similar debts	
	☐ Yes		Other. Specify Charge Ac	count			_
	Sofi Nonpriority Cree	ditor's Name	Last 4 digits of account number	1411		_	\$11,099.00
		burg Avenue, Suite 2	When was the debt incurred?				_
		City State Zlp Code	As of the date you file, the claim	is: Checl	k all that a	pply	
	■ Debtor 1 on	lv	☐ Contingent				
	Debtor 2 on	•	☐ Unliquidated				
	Debtor 1 and	•	☐ Disputed				
		of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	_	s claim is for a community	☐ Student loans				
	debt		☐ Obligations arising out of a sepa	aration aç	greement o	or divorce that you did not	
		bject to offset?	report as priority claims		and ather	aimiles debte	
	■ No		☐ Debts to pension or profit-shari	•	and other	similar debts	
	☐ Yes		Other. Specify Unsecured	Loan			_
Part 3:	List Others	s to Be Notified About a Debt	That You Already Listed				
is tryin have m notified	ng to collect from nore than one of d for any debts	m you for a debt you owe to son reditor for any of the debts that in Parts 1 or 2, do not fill out or		n Parts 1	or 2, ther	list the collection agend	cy here. Similarly, if you
Part 4: 6. Total ti	•	mounts for Each Type of Uns	secured Claim s. This information is for statistical i	reporting	purpose	s only. 28 U.S.C. §159. Ac	dd the amounts for each
type of	f unsecured cla	im.					
						Total Claim	
т.	6a. 'otal	Domestic support obligations		6a.	\$	0.00	<u>)</u>
cla	ims						_
from Pa	art 1 6b. 6c.	Taxes and certain other debts	you owe the government jury while you were intoxicated	6b. 6c.	\$ \$	0.00	
	6d.	-	cured claims. Write that amount here.	6d.	\$ —	0.00	
							<u></u>
	6e.	Total Priority. Add lines 6a throu	ıgh 6d.	6e.	\$	0.00	<u>)</u>
	6f.	Student loans		6f.	\$	Total Claim 0.00)
	otal				¥	0.00	<u>-</u>
cla from Pa	ims art 2 6g.	Obligations arising out of a ser	paration agreement or divorce that				
	6h	you did not report as priority c		6g. 6h	\$	0.00	_

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Add all other nonpriority unsecured claims. Write that amount

Page 3 of 4

here.

56,141.00

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **56,141.00**

Fill in this infor	mation to identify your	case:		
Debtor 1	Natalie G. Adams	3		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number				
(if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 GM Financial PO Box 181145 Arlington, TX 76096 2017 Chevrolet Equinox

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Fill in this in	formation to identify your	case:			
Debtor 1	Natalie G. Adams				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
Case number (if known)					☐ Check if this is an amended filing
	orm 106H le H: Your Cod	ebtors			12/15
people are fili fill it out, and your name an 1. Do you	ing together, both are equ	ally responsible for supp boxes on the left. Attach . Answer every question	olying correct information the Additional Page to	on. If more space is n this page. On the top	ate as possible. If two married eeded, copy the Additional Page, o of any Additional Pages, write
	the last 8 years, have you California, Idaho, Louisiana,				states and territories include
■ No. Go	o to line 3.				
☐ Yes. D	oid your spouse, former spou	use, or legal equivalent live	e with you at the time?		
in line 2	again as a codebtor only i 6D), Schedule E/F (Official	f that person is a guaran	tor or cosigner. Make si	ure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Jumn 1: Your codebtor ne, Number, Street, City, State and ZI	P Code		Column 2: The cre Check all schedule	ditor to whom you owe the debt s that apply:
70	chael Adams 07 Condoor Drive rth Ridgeville, OH 4403	9		■ Schedule D, lii □ Schedule E/F, □ Schedule G _ Mr. Cooper	line

Debtor 1 Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO Case number (If known) Official Form 106 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsib supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about you spouse. If you are separated and your spouse is not filing with you, do not include information about you spouse. If you prove spouse is not filing with you, do not include information about your spouse. If you response is living with you, on the top of any additional pages, write your name and case number (if known). Answer every question of the province of the p	Fill	in this information to identify your o								
United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO Case number (!! known)										
Case number (It known) Check if this is: An amended filing An amended An amended filing An amen						_				
Official Form 106 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is ne attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question attach a separate sheet or this form. On the top of any additional pages, write your name and case number (if known), Answer every question attach a separate page with information. If you have more than one job, attach a separate page with information about additional employers. Occupation Occupation Occupation Labor and Delivery Nurse University Hosp Elyria Medical Crute Employer's address 630 East River Road Elyria, OH 44035 How long employed there? 15 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fispouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you non-filing spouse and the properties of the deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 5,585.67 \$ N/A \$	Uni	ted States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF OHIO		_				
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible supplying correct information. If you are separated and your spouse is not filing pointly, and your spouse is living with you, include information about your spouse. If nore space is ne attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question a separate spage with information. If you have more than one job, attach a separate page with information about additional employers. Occupation Labor and Delivery Nurse University Hosp Elyria Medical Chte Employer's name Cocupation may include student or homemaker, if it applies. Employer's address 630 East River Road Elyria, OH 44035 How long employed there? 15 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-flyouse unless you are separated. If you your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 5,585.67 \$ N/A deductions). If not paid monthly, calculate what the monthly wage would be.	Cas	se number					An amende A suppleme	ed filing ent showing		
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsib supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is ne attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question as separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question as separate page with information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's address Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll 2. \$ 5,585.67 \$ N/A deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 5,585.67 \$ N/A	\bigcirc	fficial Form 1061							owing date:	
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsib supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is ne attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Concupation Employer Nurse University Hosp Elyria Medical Conte Conte Concupation Employer's address Concupation Employer's address Concupation Employer Nurse University Hosp Elyria Medical Conte Concupation For Debtor 1 possocial po			omo				MM / DD/ Y	YYY		12/15
If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation Cocupation Employer's name Employer's address Cocupation Not employed Not emp	supį spoi attad	olying correct information. If you use. If you are separated and you ch a separate sheet to this form.	are married and not filli ur spouse is not filing wi On the top of any additi	ng jointly, and your s ith you, do not includ	pouse i le infori	s living wit	h you, inclut your spo	ude informa ouse. If mor	ation about e space is	your needed,
attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation and Delivery Nurse University Hosp Elyria Medical Cnte Employer's name Employer's address 630 East River Road Elyria, OH 44035 How long employed there? 15 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fispouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 5,585.67 \$ N/A N/A Setimate and list monthly overtime pay.	1.			Debtor 1			Debtor 2	or non-filii	ng spouse	
Include part-time, seasonal, or self-employed work. Occupation about additional employer's name Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address 630 East River Road Elyria, OH 44035 How long employed there? 15 Years Fart 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-f spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 5,585.67 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A			Empleyment status	■ Employed			☐ Emple	oyed		
Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's address 630 East River Road Elyria, OH 44035 How long employed there? 15 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fispouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 5,585.67 \$ N/A N/A			Employment status	☐ Not employed			☐ Not e	mployed		
Self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Conte Employer's address 630 East River Road Elyria, OH 44035 How long employed there? 15 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fispouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. +\$ 0.00 +\$ N/A N/A		employers.	Occupation	Labor and Delive	ery Nu	rse				
For Debtor 1 List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. Estimate and list monthly overtime pay. Estimate and list monthly overtime pay. Employer's address 630 East River Road Elyria, OH 44035 15 Years 15 Years 15 Years 15 Years 15 Years 16 Years 16 Years 17 Years 18 You or pour for any line, write \$0 in the space. Include your non-fispouse unless you are separated. For Debtor 1 For Debtor 2 or non-filling spouse 2. \$ 5,585.67 \$ N/A			Employer's name	•	Elyria	Medical				
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fispouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A			Employer's address							
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fispouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$			How long employed the	here? 15 Years	S					
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 5,585.67 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A	Par	t 2: Give Details About Mo	nthly Income							
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 5,585.67 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A	spou If yo	ise unless you are separated. u or your non-filing spouse have m	ore than one employer, co	, 3		, ,	·		,	J
 deductions). If not paid monthly, calculate what the monthly wage would be. \$ 5,585.67 \$ N/A Estimate and list monthly overtime pay. +\$ N/A 						For De	ebtor 1			
	2.				2.	\$	5,585.67	\$	N/A	
4. Calculate gross Income. Add line 2 + line 3. 4. \$ \$ \$ \$ \$	3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	N/A	
	4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$5,	585.67	\$	N/A	

	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.
1.	State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
	Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: +\$

10. \$

4,776.58 + \$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12.	\$_	4,776.58
ı		bined thly income

4,776.58

0.00

N/A = \$

13. Do you expect an increase or decrease within the year after you file this form?

Calculate monthly income. Add line 7 + line 9.

No.	
Yes. Explain:	

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case	:				
Deb	Natalie G. Adams			Checl	c if this is:	
Dob	otor 2			_	An amended filing	ving postpetition chapter
	ouse, if filing)		_			the following date:
Unit	ed States Bankruptcy Court for the: NOR	THERN DISTRICT OF OHIO)	1	MM / DD / YYYY	
Cas	e number					
	nown)					
Of	fficial Form 106J					
So	chedule J: Your Expe	enses				12/15
Be info nur	as complete and accurate as possik ormation. If more space is needed, a mber (if known). Answer every ques	le. If two married people ar ttach another sheet to this				
Par 1.	t 1: Describe Your Household Is this a joint case?					
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a sep	arate household?				
	☐ No ☐ Yes. Debtor 2 must file Of		s for Separate House	<i>hold</i> of Debte	or 2.	
2.		, ,			_ .	
۷.	Do you have dependents? No Do not list Debtor 1 and Debtor 2.		Dependent's relation		Dependent's age	Does dependent live with you?
		oden dependentiminin		_		□ No
	Do not state the dependents names.		Daughter		7	■ Yes
			0		40	□ No
			Son		10	■ Yes □ No
						☐ Yes
						□ No
						☐ Yes
3.	Do your expenses include	■ No				
	expenses of people other than yourself and your dependents?	☐ Yes				
	<u> </u>					
	t 2: Estimate Your Ongoing Mon imate your expenses as of your ban		ou are using this fo	orm as a sup	plement in a Cha	pter 13 case to report
	penses as of a date after the bankrup plicable date.	otcy is filed. If this is a supp	olemental Schedule	J, check the	box at the top o	f the form and fill in the
	lude expenses paid for with non-cas					
	ficial Form 106I.)			-	Your expe	enses
4.	The rental or home ownership exp payments and any rent for the groun		nclude first mortgage	4. \$		1,676.00
	If not included in line 4:					<u>-</u>
	4a. Real estate taxes			4a. \$		0.00
	4b. Property, homeowner's, or ren	ter's insurance		4b. \$	=	0.00
	4c. Home maintenance, repair, an			4c. \$		100.00
	4d. Homeowner's association or c			4d. \$		34.00
5.	Additional mortgage payments for	your residence, such as ho	me equity loans	5. \$		0.00

Debtor 1 N	atalie G. Adams	Case num	ber (if known)	
. Utilities	•			
	ectricity, heat, natural gas	6a.	\$	300.00
	ater, sewer, garbage collection	6b.	\$	100.00
	elephone, cell phone, Internet, satellite, and cable services	6c.		450.00
	ther. Specify:	6d.	\$	0.00
	nd housekeeping supplies	7.	·	750.00
	re and children's education costs	8.	\$	150.00
	g, laundry, and dry cleaning	9.	\$	50.00
	al care products and services	10.	\$	100.00
	and dental expenses	11.	\$	75.00
	•	11.	Ψ	75.00
	ortation. Include gas, maintenance, bus or train fare. Include car payments.	12.	\$	200.00
	nment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	ole contributions and religious donations	14.		0.00
5. Insuran	•	14.	Ψ	0.00
	nclude insurance deducted from your pay or included in lines 4 or 20.			
	fe insurance	15a.	\$	200.00
	ealth insurance	15b.	· -	0.00
	ehicle insurance	15b. 15c.	·	
			·	55.00
	ther insurance. Specify:	15d.	\$	0.00
Specify:	Oo not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	ent or lease payments:	47-	Φ.	270.00
	ar payments for Vehicle 1	17a.	·	378.00
	ar payments for Vehicle 2	17b.	·	0.00
	ther. Specify:	17c.	·	0.00
17d. O	ther. Specify:	17d.	\$	0.00
	yments of alimony, maintenance, and support that you did not report d from your pay on line 5, Schedule I, Your Income (Official Form 106		\$	0.00
). Other p	ayments you make to support others who do not live with you.	,	\$	0.00
Specify:		19.	-	
. Other re	eal property expenses not included in lines 4 or 5 of this form or on S	chedule I: Yo	our Income.	
20a. M	ortgages on other property	20a.	\$	0.00
20b. R	eal estate taxes	20b.	\$	0.00
20c. P	roperty, homeowner's, or renter's insurance	20c.	\$	0.00
	aintenance, repair, and upkeep expenses	20d.	\$	0.00
	omeowner's association or condominium dues	20e.	· ·	0.00
. Other: S	Specify:		+\$	0.00
. Other.	ppecilly.		ſΨ	0.00
. Calcula	te your monthly expenses			
22a. Ad	d lines 4 through 21.		\$	4,718.00
22b. Co	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2	\$,
	d line 22a and 22b. The result is your monthly expenses.		\$	4,718.00
220. Au	Time 22a and 22b. The result is your monthly expenses.		Ψ	4,7 10.00
3. Calcula	te your monthly net income.			
	opy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,776.58
	opy your monthly expenses from line 22c above.	23b.	· · —	4,718.00
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23c. S	ubtract your monthly expenses from your monthly income.		1.	
	ne result is your <i>monthly net income</i> .	23c.	\$	58.58
For exam	expect an increase or decrease in your expenses within the year after ple, do you expect to finish paying for your car loan within the year or do you expect you to the terms of your mortgage?			or decrease because of a
	Explain hara:			
☐ Yes.	Explain here:			

Fill in this	s information t	o identify your o	ase:						
Debtor 1	Nata	ilie G. Adams							
	First N	ame	Middle Name	Las	t Name				
Debtor 2 (Spouse if, fili	ling) First N	ame	Middle Name	Las	t Name				
United Sta	ates Bankruptcy	Court for the:	NORTHERN DISTRICT	T OF OHIO					
Case num	nber								
(if known)							_	Check if this is a mended filing	an
Official	Form 106	Dec							
Decla	aration	About a	n Individual	I Debt	or's Sche	dules			12/15
			, both are equally respo				mont conc	aalina prapari	4v. or
obtaining	money or prop	nenever you meerty by fraud in	e bankruptcy schedule connection with a ban	kruptcy cas	e can result in fine	ing a raise states up to \$250,00	onent, conc 0, or impris	onment for up	ty, or o to 20
years, or b	both. 18 U.S.C.	§§ 152, 1341, 1	519, and 3571.				-	-	
	Sign Below								
Did y	you pay or agr	ee to pay some	one who is NOT an atto	rney to help	you fill out bankru	uptcy forms?			
•	No								
	Yes. Name of		Attach Bankruptcy Petition Preparer's Notice,						
						Declaration, and Signature (Official Form 11			rm 119)
Unde	or nenalty of ne	riury I declare t	hat I have read the sun	nmary and s	chedules filed with	this declaration	on and		
	they are true ar		ilat i liave read the sun	illiary aria s	chedules med with	i ilis deciarati	on and		
X /s	s/ Natalie G.	Adams		X					
= =	Natalie G. Adams Signature of Debtor 1				Signature of Debto	or 2			
D	Date Octobe	r 3, 2018			Date				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Fill	in this inform	nation to identify you	r case:									
De	btor 1	Natalie G. Adam										
Da	htor O	First Name	Middle Name	Last Name								
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name								
Un	ited States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF OHIO								
	se number											
(if k	nown)					neck if this is an nended filing						
	ficial Fo				_							
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16						
					equally responsible for suppy additional pages, write you							
nun	nber (if knowr	n). Answer every que	stion.									
Pa	rt 1: Give D	etails About Your Ma	arital Status and Where You	Lived Before								
1.	What is your	r current marital statu	ıs?									
	Married											
	□ Not mar	ried										
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?								
	■ No											
	_	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.										
	Debtor 1 Prior Address:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there						
3.					ity property state or territory							
stat	es and territori	es include Arizona, Ca	Ilifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	co, Texas, Washington and Wi	sconsin.)						
	■ No											
		ike sure you fill out <i>Scl</i>	hedule H: Your Codebtors (Of	fficial Form 106H).								
Pa	t 2 Explai	n the Sources of You	r Income									
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		dar years?						
	□ No											
	_	in the details.										
		ure detailer	D . ()		D.L.							
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income						
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)						
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$50,019.00	☐ Wages, commissions, bonuses, tips							
			☐ Operating a business		☐ Operating a business							

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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paid

Dates of payment

still owe

Amount you

Total amount

Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Creditor's Name and Address

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

☐ Yes

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

taken

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

18.	Within 2 years before you filed for bankrupto transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have already No Yes. Fill in the details.						
	Person Who Received Transfer Address Person's relationship to you	Description and property transfer		Describe any property or payments received or debts paid in exchange	Date transfer was made		
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-profit No Yes. Fill in the details.		ny property to a s	self-settled trust or similar device	of which you are a		
	Name of trust	Description and	value of the prop	erty transferred	Date Transfer was made		
Par	t 8: List of Certain Financial Accounts, Ins	truments, Safe Deposi	t Boxes, and Sto	orage Units			
20.	sold, moved, or transferred?	•					
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No						
	☐ Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou instrument	nt or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?						
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe the contents	Do you still have it?		
22.	Have you stored property in a storage unit o	r place other than you	r home within 1 y	year before you filed for bankrupto	cy?		
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents	Do you still have it?		
Par	t 9: Identify Property You Hold or Control f	or Someone Else					
23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in tru for someone.							
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the proj (Number, Street, City, S Code)		Describe the property	Value		
Par	t 10: Give Details About Environmental Info	rmation					
For	the purpose of Part 10, the following definitio	ns apply:					
	Environmental law means any federal, state,	or local statute or reg	ulation concerni	ng pollution, contamination, relea	ses of hazardous or		

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Official Form 107

page 5

Statement of Financial Affairs for Individuals Filing for Bankruptcy

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? ☐ Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ☐ Yes. Fill in the details. **Case Title** Nature of the case Court or agency Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ■ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number**

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Name of accountant or bookkeeper

No No

Address

☐ Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

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Best Case Bankruptcy

Do not include Social Security number or ITIN.

Dates business existed

	king a false statement, concealing property, or obtaining money or prope up to \$250,000, or imprisonment for up to 20 years, or both.	erty by fraud in connection
/s/ Natalie G. Adams		
Natalie G. Adams Signature of Debtor 1	Signature of Debtor 2	
Date October 3, 2018	Date	
Did you attach additional pages to <i>Your S</i> ■ _{No} □ Yes	atement of Financial Affairs for Individuals Filing for Bankruptcy (Officia	ll Form 107)?
■ No □ Yes	is not an attorney to help you fill out bankruptcy forms?	

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case number (if known)

Official Form 107

Debtor 1 Natalie G. Adams

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Best Case Bankruptcy

Fill in this inforn	nation to identify you	case:		
Debtor 1	Natalie G. Adam	s		
Debtor 2	First Name	Middle Name	Last Name	
Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DIST	TRICT OF OHIO	
Case number				
if known)				☐ Check if this is an amended filing
Official Fo				
<u>Statemer</u>	nt of Intention	<u>on for Indiv</u>	riduals Filing Under Chapte	er 7 12/15
you are an indi	vidual filing under ch	apter 7, you must fil	l out this form if:	
	e claims secured by y	•		
ou must file this	ver is earlier, unless t	within 30 days after	ot expired. you file your bankruptcy petition or by the date se e time for cause. You must also send copies to the	
	eople are filing togethed	er in a joint case, bo	th are equally responsible for supplying correct in	formation. Both debtors must
	and accurate as possi our name and case nu		s needed, attach a separate sheet to this form. On	the top of any additional pages,
Part 1: List Yo	our Creditors Who Ha	ve Secured Claims		
		Part 1 of Schedule D	: Creditors Who Have Claims Secured by Property	(Official Form 106D), fill in the
information be Identify the cre	elow. editor and the property	that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's K	eybank NA			□ No
name:	eybalik NA		Surrender the property.Retain the property and redeem it.	□ NO
			☐ Retain the property and enter into a	■ Yes
Description of	Inground Pool		Reaffirmation Agreement.	
property securing debt:			☐ Retain the property and [explain]:	_
	r. Cooper		☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	■ Yes
Description of			Retain the property and enter into a Reaffirmation Agreement.	_ 100
property	OH 44053 Lorain	County	☐ Retain the property and [explain]:	
securing debt:				_
Part 2: List Yo	our Unexpired Person	al Property Leases		
or any unexpire n the information	ed personal property I n below. Do not list re	ease that you listed eal estate leases. Un	in Schedule G: Executory Contracts and Unexpire expired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p)(e lease period has not yet ended
Describe vour u	nexpired personal pro	onerty leases		Will the lease be assumed?
bescribe your u	nexpired personal pro	perty leases		will the lease be assumed:

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

Debto	Natalie G. Adams	Case number (if known)
	r's name: iption of leased rty:	□ No □ Yes
	r's name: iption of leased rty:	□ No □ Yes
	r's name: iption of leased rty:	□ No □ Yes
	r's name: iption of leased rty:	□ No □ Yes
	r's name: iption of leased rty:	□ No □ Yes
	r's name: iption of leased rty:	□ No □ Yes
	r's name: iption of leased rty:	□ No □ Yes
	penalty of perjury, I declare that I have indicated my intention about any ty that is subject to an unexpired lease.	property of my estate that secures a debt and any personal
7 <u>-</u> 1	Signature of Debtor 1	nature of Debtor 2
[Date October 3, 2018 Date	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Fill i	n this information to identify your case:		Ch	neck on	ne box onlv as d	irected in this form and	in Form
Deb	or 1 Natalie G. Adams			2A-1S			
Deb							
	se, if filing)			■ 1. T	here is no presi	umption of abuse	
Unite	ed States Bankruptcy Court for the: Northern District of	f Ohio				o determine if a presun	
Coo	a number					nade under <i>Chapter 7 I</i> cial Form 122A-2).	vieans i est
(if kno	e number wn)			□ з. т	he Means Test	does not apply now be	cause of
						service but it could ap	
				☐ Ch	eck if this is a	n amended filing	
Off	<u>icial Form 122A - 1</u>						
Ch	apter 7 Statement of Your Cur	rent Mo	nthly Inc	om	е		12/15
Do oo	complete and accurate as possible. If two married poople	ro filing togethe	yr both are equa	lly roon	ancible for being	a contrato. If more chase	is peeded
attacl	complete and accurate as possible. If two married people a na separate sheet to this form. Include the line number to w	hich the additio	nal information	applies	. On the top of ar	ny additional pages, writ	e your name and
	number (if known). If you believe that you are exempted from ying military service, complete and file Statement of Exemp						
Part	1: Calculate Your Current Monthly Income		•			,	
	What is your marital and filing status? Check one or	nlv					
	□ Not married. Fill out Column A, lines 2-11.	.,,.					
	☐ Married and your spouse is filing with you. Fill ou	ut both Columns	s A and B, lines	2-11.			
	■ Married and your spouse is NOT filing with you.		•				
	☐ Living in the same household and are not lega		•	lumns	A and B. lines 2	P-11.	
	■ Living separately or are legally separated. Fill	•			·		declare under
	penalty of perjury that you and your spouse are le	egally separate	d under nonbar	nkrupto	y law that applie	es or that you and your	
	living apart for reasons that do not include evadir		•		• ' ' ' '	, ,	
	II in the average monthly income that you received from all 11(10A). For example, if you are filing on September 15, the 6-m						
	e 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that p						
				Colur		Column B	
				Debte		Debtor 2 or	
2	Your gross wages, salary, tips, bonuses, overtime,	and commissi	one (hoforo all			non-filing spouse	
۷.	payroll deductions).	and Commissi	ons (before all	\$	5,619.31	\$	
3.	Alimony and maintenance payments. Do not include	payments from	a spouse if	\$	0.00	\$	
4	Column B is filled in. All amounts from any source which are regularly pa	aid for househ	old expenses	Ψ	0.00	Ψ	
	of you or your dependents, including child support	. Include regula	r contributions				
	from an unmarried partner, members of your household and roommates. Include regular contributions from a sp						
	filled in. Do not include payments you listed on line 3.	-		\$	0.00	\$	
5.	Net income from operating a business, profession,		btor 1				
	Cross respires (hefers all deductions)	\$ 0.00	otor i				
	Gross receipts (before all deductions) Ordinary and necessary operating expenses	-\$ 0.00	=				
	Net monthly income from a business, profession, or far	m \$ 0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property		-				
			btor 1				
	Gross receipts (before all deductions)	\$ 0.00	-				
	Ordinary and necessary operating expenses	-\$ 0.00	Copy here ->	. ¢	0.00	\$	
_	Net monthly income from rental or other real property	\$	Copy nere ->	· —	0.00	\$	
⊢7.	Interest, dividends, and royalties			\$	0.00	•	

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

Best Case Bankruptcy

				Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation			\$	0.00	\$		
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:		fit under					
	For you \$ For your spouse \$	0.	00					
_	For your spouse \$							
10.	Pension or retirement income. Do not include any am benefit under the Social Security Act. Income from all other sources not listed above. Sper Do not include any benefits received under the Social Sereceived as a victim of a war crime, a crime against hum	cify the source and ar ecurity Act or paymer	nount.	\$	0.00	\$		
	domestic terrorism. If necessary, list other sources on a total below.							
	·			\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total		\$	5,619.31	+ \$	_	\$	5,619.31
							Total cu	rrent monthly
Part	2: Determine Whether the Means Test Applies to	o You						
12.	Calculate your current monthly income for the year.	Follow these steps:						
	12a. Copy your total current monthly income from line 1	1		Сору	line 11 h	nere=>	\$	5,619.31
	Multiply by 12 (the number of months in a year)						x 1:	 ?
						406		7,431.72
	12b. The result is your annual income for this part of the	e form				12b.	\$	7,401.72
13.	Calculate the median family income that applies to y	ou. Follow these step	os:					
	Fill in the state in which you live.	ОН						
	Fill in the number of people in your household.	3						
	Fill in the median family income for your state and size of	of household.				13.	\$ 7	0,529.00
	To find a list of applicable median income amounts, go of for this form. This list may also be available at the bankr	online using the link s	pecified	in the separa	te instruc	tions		
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. Or Go to Part 3.	n the top of page 1, ch	eck box	1, There is n	o presum	ption of abuse	9.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2	, The pre	esumption of	abuse is (determined by	Form 122	2A-2.
Part								
	By signing here, I declare under penalty of perjury	that the information of	n this sta	atement and i	n any atta	achments is tru	ue and co	rrect.
	X /s/ Natalie G. Adams Natalie G. Adams Signature of Debtor 1							
	Date October 3, 2018							
	MM / DD / YYYY							
	If you checked line 14a, do NOT fill out or file Form	n 122A-2.						
	If you checked line 14b, fill out Form 122A-2 and fil	le it with this form.						

Official Form 122A-1

Debtor 1	Natalie G. Adams	Case number (if known)	
----------	------------------	------------------------	--

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 04/01/2018 to 09/30/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: University Hospitals

Year-to-Date Income:

Starting Year-to-Date Income: \$16,303.85 from check dated 3/20/2018. Ending Year-to-Date Income: \$50,019.72 from check dated 9/20/2018.

Income for six-month period (Ending-Starting): \$33,715.87.

Average Monthly Income: \$5,619.31.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

page 3

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

page 4

United States Bankruptcy Court Northern District of Ohio

-			1 (of the	ii District or On			
In re	e Natalie G. Ada	ams		Debtor(s)	Case No Chapter		
				Debtoi(s)	Chapter		
	DIS	CLOSURE C	F COMPENSAT	TION OF ATT	ORNEY FOR I	DEBTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For legal servic	es, I have agreed to	accept		\$	700.00	<u>) </u>
	Prior to the filir	ng of this statement	I have received		\$	700.00	<u>) </u>
						0.00	<u> </u>
2.	The source of the co	mpensation paid to	me was:				
	Debtor	☐ Other (spec	ify):				
3.	The source of compe	ensation to be paid	to me is:				
	Debtor	☐ Other (spec	ify):				
4.	■ I have not agree	d to share the above	e-disclosed compensation	n with any other pers	son unless they are me	embers and associ	iates of my law firm.
			sclosed compensation wi h a list of the names of t				of my law firm. A
5.	In return for the abo	ve-disclosed fee, I	have agreed to render leg	gal service for all asp	pects of the bankruptc	y case, including:	
	 b. Preparation and f c. Representation o d. [Other provisions Negotiation reaffirmat 	filing of any petition of the debtor at the rest as needed] ons with secured tion agreements	uation, and rendering ad n, schedules, statement of neeting of creditors and of I creditors to reduce and applications as of liens on household	of affairs and plan when to market value; needed; preparat	nich may be required; g, and any adjourned he exemption planning	earings thereof;	and filing of
6.	Represen		ove-disclosed fee does notors in any discharge			nces, relief fron	n stay actions or
			CER	TIFICATION			
	I certify that the fore bankruptcy proceedir		e statement of any agreer	ment or arrangement	for payment to me fo	r representation o	of the debtor(s) in
(October 3, 2018			/s/ Scott W. Pa			
I	Date			Scott W. Paris			
				Signature of Atto Paris Law, LLO			
				39037 Center	Ridge Road		
				North Ridgevil		126	
				sparis@parisl	Fax: (440) 252-40 awohio.com	120	
				Name of law firm			

United States Bankruptcy Court Northern District of Ohio

In re	Natalie G. Adams		Case No.	
		Debtor(s)	Chapter 7	
	VER	RIFICATION OF CREDITOR	MATRIX	
The abo	ove-named Debtor hereby verifies	s that the attached list of creditors is true and	correct to the best of his/her knowled	ge.
Date:	October 3, 2018	/s/ Natalie G. Adams		
		Natalie G. Adams		
		Signature of Debtor		

Barclays Bank Delaware 125 S West Street Wilmington, DE 19801

Citicards CBNA PO Box 6241 Sioux Falls, SD 57117

Enerbank USA 1245 E Brickyard Road Ste 600 Salt Lake City, UT 84106

GM Financial PO Box 181145 Arlington, TX 76096

Keybank NA 4910 Tiedeman Road Cleveland, OH 44144

Kohl's Department Store PO Box 3115 Milwaukee, WI 53201

Michael Adams 7007 Condoor Drive North Ridgeville, OH 44039

Mr. Cooper 14523 SW Millikan Way Suite 200 Beaverton, OR 97005

Sofi 375 Healdsburg Avenue, Suite 2 Healdsburg, CA 95448